

The Special Attention of Physicians is especially invited to the following, in the presentation of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1021

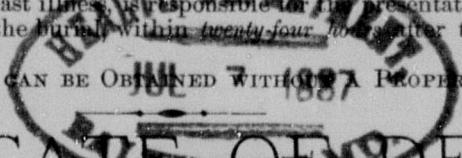
Office of Registrar of Vital Statistics.

Ward

18"

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age,

Years,

Months,

18

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Bud Bid

Birth Place, { State or country, and how long in the United States, } if of foreign birth.

Duration of Residence in the City of Baltimore,

1887

Place of Death, { Give Street and Number.

1139 Carroll St.

Cause of Death, { First (Primary),

Second (Immediate),

Choler Infection

6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 7th 1887

{ Undertaker,

John J. Macher

{ Place of Business,

Paca & Lombard

Address,

D. L. Smith M. D.

Medical Attendant

833 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is respectfully invited to the following:

Health Department, City of Baltimore.

Permit No. A 1022

Office of Registration of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret P. Glew

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 - Years, Months, Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, { Give Street and Number. }

632 N. Eder St

Cause of Death, { First (Primary), Enter cause of death. }
Second (Immediate), General Paralysis

Duration of Last Sickness,

3 mos. -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 7th 1887

Undertaker, Wm. J. Macher

Place of Business, No. 22 & Grandon

W. B. Sellnow

M. D.

Medical Attendant.

S. E. Biddle Jr.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

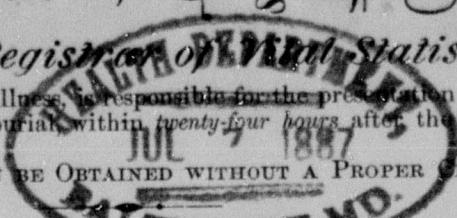
Permit No. A 1023

Office of Registration of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 6th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Peti. H. Bue Kheit

Sex, Male or Female, { Cross out the word not required in this line }

Age, Years,

18 Months,

Days.

Color,

Mother ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Single life

Duration of Residence in the City of Baltimore,

1412 Colokin st.

Place of Death, { Give Street and Number }

Cholera Infantum

Cause of Death, { First (Primary),

14 days

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 161 Oliver Street

O. A. Cooke M. D.

Date of Burial, July 8th 1887

Medical Attendant.

{ Undertaker, B. Harley }

{ Place of Business, West

Address,

107 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. A 1024

Office of Registrar of Vital Statistics.

Ward 134

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 24

Date of Death,

July 6 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Ziegeling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, — Months, — Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany - one week

Duration of Residence in the City of Baltimore,

One week

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary),
Second (Immediate). }

Tuberculosis Enteritis

Exhaustion

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

C. W. Mitchell M. D.

Medical Attendant.

Date of Burial, July 8th 1887

{ Undertaker, H. Lander & Son

Place of Business, 1710 Canton Avenue

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. A 1015

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. James Douglass

Sex, Male or Female, { Cross out the word not required in this line. }

Age, X Years, 10 Months, 11 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, X

Place of Death, { Give Street and Number. } 1511 S. Charles St.

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Convulsions }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7-1887

B. Leonard

M. D.

Medical Attendant.

{ Undertaker, Amstair Danny }

Address, 1511 Charles St.

{ Place of Business, 715 Light }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. A 1026

Office of Registrar of Vital Statistics.

Ward

17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, _____ Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

July 6th 1883
Maffie Mulhorance

Female
Eight

Months

Days

White

Baltimore

1373 S. Charles St
Choleraefantum
Collapse

12 hours

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

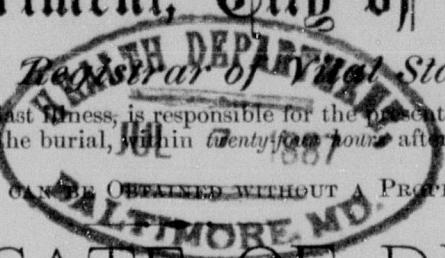
Permit No. A. 1027

Office of Registrar of Vital Statistics.

Ward 8^o

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Rheem

X

Sex, Male or Female, { Cross out the word not required in this line. }

Male

X

Age, Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Residence

Place of Death, { Give Street and Number. }

No. 743 Bradford Ave.

Cause of Death, { First (Primary), Second (Immediate), }

Phtisis
Cholera Infantum

Duration of Last Sickness,

24 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redemmy

Date of Burial, July 8th 1887

H. P. Reynolds

M. D.

{ Undertaker, A. Fink & Son

Medical Attendant.

{ Place of Business, 915 N. Gay St. Address, 722 Beale St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1028 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Schumleifer
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, Years, 2 Months, 17 Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City
 Duration of Residence in the City of Baltimore, Whole life
 Place of Death, { Give Street and Number. } # 1114 Tassaford St.
 Cause of Death, { First (Primary), Second (Immediate), } Convulsion
 Duration of Last Sickness, 6 hrs.
 All the above information should be furnished by the Physician.
 Place of Burial, 5th German St. Trapp R.
 Date of Burial, July 8th 87
 Undertaker, Charles Kochler
 Place of Business, Sharp & Croft Address, 677 Columbia Ave
 R. C. Smith M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1029

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

6. July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Amelia Betty

Sex, Male or Female, { Cross out the word not required in this line }

Age,

61

Years,

Months,

Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Germany

Duration of Residence in the City of Baltimore,

24 years

Place of Death, { Give Street and Number }

1113 Orleans

Cause of Death, { First (Primary),

Second (Immediate),

Malaria

Duration of Last Sickness,

1 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 8 1887

C Hoffman M. D.

{ Undertaker, John Herwig

Medical Attendant

{ Place of Business, 2008 Orleans Address, 8. August & Co., Chese

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1030 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9, 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Baker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, 4 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 166 W. Cross St

Cause of Death, { First (Primary), Second (Immediate), } Cholera dysenteric

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mound Cemetery

Date of Burial, July 9th

{ Undertaker, Henry Brink

{ Place of Business, Henrietta St 112

Fredrick G. C. M. D.

Medical Attendant.

578 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]